



**Utah Department of Workforce Services
Health Coverage Tax Credit (HCTC) Bridge Payment
Customer Check List**

Please provide the following information so we can verify your HCTC eligibility.

Personal Information

Name _____

- ☐ Completed application
- ☐ Age verification (Driver's License or photocopy of Birth Certificate) for each qualified family member

Eligibility Information

Pension Benefit Guaranty Corporation (PBGC)

- ☐ PBGC check stub
- OR**
- ☐ Letter from PBGC indicating that you are receiving payments
- OR**
- ☐ Other _____

Health Plan Information

- ☐ Coupon, Invoice or Bill
- ☐ Other, please specify

OR COBRA Health Plan Information

- ☐ Coupon, Invoice, or Bill (with the following information on the invoice: Name of participant, Name of Plan Administrator, phone number, due date, amount of premium due)
- ☐ Copy of Signed and dated Cobra Election form
- ☐ Proof of Cobra payment (i.e. canceled check/statement from Plan Administrator)
- ☐ Other, please specify

Documents should be mailed to:

HCTC Bridge Program
Department of Workforce Services
PO BOX 349
Ogden, Utah 84402-0349

Or faxed to: 801- 626-3459, Attn: HCTC Bridge Program